Physician Recruitment Agency of Saskatchewan

Annual Report for 2013-14

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Government of Saskatchewan

Mission
Our mission is to promote and support an environment that attracts and retains the physicians Saskatchewan requires. We do this by:

- Promoting Saskatchewan as a province of choice in which to practice;
- Coordinating and supporting organizations that recruit physicians;
- Serving as a point of contact for physicians seeking recruitment;
- Recruiting, screening, advising, assisting and matching potential physician candidates;
- Creating a more efficient recruitment environment that lessens competition among recruiting organizations;
- Collaborating with regional health authorities, communities, physicians and medical graduates to develop sustainable recruitment and retention in the province;
- Promoting and supporting effective policies; and,
- Helping Saskatchewan medical graduates pursue careers in the province.

Vision
We put patients first by making Saskatchewan a preferred choice for physicians. This vision encompasses several ideals that include:

- An appropriate supply, mix and distribution of physicians to ensure a stable, professional community;
- A sustainable recruitment and retention model that is effective, collaborative and easily accessed; and,
- Saskatchewan medical graduates pursuing their careers in the province

Values
Our primary values are: collaboration, integrity and putting patients first.

- Collaboration means engaging physicians, health regions, communities and medical graduates in an open and supportive environment. Collaboration also means building and maintaining relationships and partnerships with key stakeholders provincially, nationally and internationally;
- Integrity means encouraging and practicing the highest standards of professional and ethical behavior, and operating in a manner that promotes quality and safety;
- Putting patients first means measuring success by our impact on the health of Saskatchewan people.

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Letters of Transmittal

Her Honour, the Honourable Vaughn Solomon Schofield,

Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit the Annual Report of the Physician Recruitment Agency of Saskatchewan for the fiscal year ending March 31, 2014.

Honourable Dustin Duncan

Minister of Health

The Honourable Dustin Duncan

Minister of Health

I have the honour of submitting the Annual Report of the Physician Recruitment Agency of Saskatchewan for the fiscal year ending March 31, 2014.

Max Hendricks

Deputy Minister of Health and Board Chair

Introduction

This annual report for the Physician Recruitment Agency of Saskatchewan (saskdocs) presents results on activities and outcomes for the fiscal year ending March 31, 2014. It reports to the public and elected officials on public commitments made and the accomplishments of saskdocs.

This report follows the vision and goals of the government's *Plan for Growth – Vision 2020 and Beyond,* which was introduced in October 2012. The report also demonstrates progress made on Government commitments as stated in the *Government Direction for 2013-14: Keeping the Saskatchewan Advantage*, the Minister of Health's mandate letter, throne speeches and other commitments and activities of saskdocs.

The annual report demonstrates the Agency's commitment to effective public performance reporting, transparency and accountability to the public.

Alignment with Government's Direction

The Agency's activities in 2013-14 align with Government's vision and four goals.

Our Government's Vision

A strong and growing Saskatchewan, the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life.

Government's Goals

- Sustaining growth and opportunities for Saskatchewan people.
- Improving our quality of life.
- Making life affordable.
- Delivering responsive and responsible government.

Together, all ministries and agencies support the achievement of Government's four goals and work toward a secure and prosperous Saskatchewan.

A Message from the CEO

Looking back over the past year at the Physician Recruitment Agency of Saskatchewan, there have been many noticeable changes regarding physician recruitment and retention. The province, as a whole, is in a better place than it was in 2009 when the provincial government announced the *Physician Recruitment Strategy*. We have more doctors practicing in the province than ever before with the Agency supporting the direct recruitment of more than 185 of those physicians; service disruptions in rural communities are becoming less and less; we have incentive programs in place to not only attract doctors to this province, but help keep our own medical graduates from the University of Saskatchewan; and, we have a large network of people and resources to help us collectively improve our efforts over the long term.

This year's annual report reflects many of the milestones mentioned above. This year's report also reflects some changes at the Agency since we recently aligned recruitment efforts with Health Careers in Saskatchewan. The alignment allows our own recruiters, and recruiters within each health region of the province, to more effectively recruit not only physicians, but their partners and other family members who are health professionals also looking for a career in Saskatchewan.

Also new this year is the Agency's strategic plan, which will help us recruit and retain physicians to 2016 and beyond. This plan was developed late in 2012 and implemented in March 2013 so what you will find in this report is the very first reporting period for the new plan. The plan includes defined goals that contain a number of measurable actions. The plan was drafted by board members, some of whom have moved on, some of whom remain. For those who have served their term on the board, thank you for your dedication and leadership. To those that remain, thank you for another progressive year at the Agency.

Ed Mantler

Chief Executive Officer

Governance

The Physician Recruitment Agency of Saskatchewan is governed by a ten member Board of Directors. While the efforts of the Board collectively oversee physician recruitment and retention efforts, individual members bring unique perspectives to board governance as they each represent a unique stakeholder.

There were a few board members moving on during the 2013-14 fiscal year. Dr. Sanchit Bhasin, the Professional Association of Internes and Residents of Saskatchewan (PAIRS) representative on the board, moved on to be replaced by Dr. Nikki Rewuski. Rupen Pandya, the member representing the Ministry of Advanced Education, left the Board Ministry to be replaced by Alastair MacFadden. Finally, late in the year, Dr. Vino Padayachee left the board and will be replaced by another representative from the Saskatchewan Medical Association (SMA), the agency that Dr. Padayachee represented.

The remaining board members continued serving on the Agency's governance body.

The names of each individual Board member are listed below indicating the interest group they represent. The numbers in parentheses beside each board members' name represent the number of board meetings each member attended in the 2013-14 fiscal year. A total of five Board meetings were held during the 2013-14 fiscal year.

1) Max Hendricks, Deputy Minister
   Representing: Ministry of Health
   Position on Board: Chair (4)

2) David Fan, CEO, Prairie North Regional Health Authority
   Representing: Health Regions
   Position on Board: Vice-Chair (4)

3) Mike Strachan, Mayor of Torquay
   Representing: Saskatchewan Urban Municipalities Association (SUMA)
   Position on Board: Director (5)

4) Rupen Pandya, Assistant Deputy Minister
   Representing: Ministry of Advanced Education
   Position on Board: Director (4)

5) Alastair MacFadden, Assistant Deputy Minister
   Representing: Ministry of the Economy
   Position on Board: Director (2)
   Replaced Rupen Pandya

6) Doug Steele, Division 3 Director
   Representing: Saskatchewan Association of Rural Municipalities (SARM)
   Position on Board: Director (3)

7) Jay Meyer, Administrator, Town of Shaunavon
   Representing: Public
   Position on Board: Director (5)

8) Dr. Tom Smith-Windsor
   Associate Dean, University of Saskatchewan's College of Medicine
   Representing: College of Medicine
   Position on Board: Director (4)

9) Dr. Sanchit Bhasin
   Representing: Professional Association of Internes and Residents of Saskatchewan (PAIRS)
   Position on Board: Director (1)

10) Dr. Nikki Rewuski

Representing: Professional Association of Internes and Residents of Saskatchewan (PAIRS)
Position on Board: Director (2)
Replaced Dr. Bhasin

11) Nicole Longmuir
Representing: Student Medical Society of Saskatchewan (SMSS)
Position on Board: Director (3)

12) Dr. Vino Padayachee, CEO, Saskatchewan Medical Association
Representing: Saskatchewan Medical Association
Position on Board: Director (3)

Agency Overview

In 2009, the Ministry of Health announced a physician recruitment strategy for the province of Saskatchewan. Part of that strategy was a recommendation to create a "one stop shop" for physicians wanting to work in Saskatchewan. The result was the establishment of the Physician Recruitment Agency of Saskatchewan through an Order-in-Council in 2010.

Since that time the Agency has made progress in establishing itself in provincial, national and international circles. It completed its first multi-year strategic plan in 2013 by following through on four broad strategic objectives that focused on creating or enhancing services to improve physician recruitment and retention; to engage organizations and communities in a collaborative way to improve efforts; to promote policies and practices that are conducive to the recruitment and retention; and, to communicate openly and effectively with the public.

Late in the 2012-13 fiscal year saskdocs' Board of Directors went through an intensive strategic planning processes using Hoshin Kanri methodology to draft and adopt a new strategic plan that will lead the Agency in its efforts to 2016 and beyond. While somewhat similar to the goals of the agency's first strategic plan, the new goals have been refined and are attached to specific measurable results.

The planning process once again followed direction from the Ministry to ensure the plan's goals: put patients first; make this province a destination for physicians and their families; and, create an appropriate and sustainable supply of doctors.

The new strategic plan was approved by the Board January 8, 2013. It focuses on four goals that include efforts to:

- improve Saskatchewan physician retention through researching and sharing best practices and developing community capacity;
- recruit to meet Saskatchewan's physician requirements by recruiting and retaining more U of S graduates, other physicians, streamlining the recruitment process and reducing the number of service disruptions due to physician shortages;
- assist stakeholders and partners with recruitment efforts to align provincial health workforce plans; and,
- develop and execute strategic communication plans to increase public awareness of the agency and its efforts making it a national leader in physician recruitment.

We began monitoring and reporting on the outcomes and measures of each goal on April 1, 2013. Since that time staff members report on each goal with measurable outcomes at regular staff meetings, planning sessions and board meetings as required. The following pages provide a detailed summary of our progress on the actions and outcomes of each goal.

Progress in 2013 - 14

Goal #1: Improve Physician Retention in Saskatchewan

This goal deals specifically with helping communities, health regions, volunteer recruitment committees and other key partners build their capacity to help improve physician retention rates in the province.

Periodically, communities and health regions are unaware that a physician is planning to leave a medical practice or community. As a result, some communities and regions are left with a gap in service from when a physician leaves to when another one is not only recruited, but settled.

In the 2013-14 fiscal year the Agency made great efforts to help bridge that gap by finding out more about the motivational factors behind a physician's decision to leave a practice or community. These factors were used by the Agency in collaboration with communities and health regions to help build community capacity around physician retention at the local level. Our collaborative efforts in this area included the following actions:

Action 1.1 - Provide a Model/Checklist for Physician Settlement

1) Researched best practices on physician recruitment and retention and collating them into a readable, easy-to-use manual and checklist (Handbook) that can be shared with stakeholders;
2) Distributed the Community Retention Handbook to all health regions and key stakeholders
3) Presented the Handbook and its findings to nine communities in three health regions throughout the province.

Action 1.2 - Work With Regional Health Authorities to Develop Regional and Community Capacity on Physician Recruitment and Retention

1) Attending the Saskatchewan Urban Municipalities Association (SUMA) and Saskatchewan Association of Rural Municipalities (SARM) conferences in February and March 2014 where further consultation and engagement with community leaders occurred;
2) The Agency's CEO, who meets regularly with health region leaders, provided summarized information on the checklist to the health leadership community during regular meetings throughout the year.

Action 1.3 - Develop Strategies to Foster Spousal Employment

1) Continued to analyze the results of physician exit and ongoing settlement surveys that were done in conjunction with the SMA;
2) Conducting a needs assessment, regarding spousal employment opportunities based on the 2013 survey results;
3) Collating the results from the surveys and drafting a plan to share them with key stakeholders. This specific roll-out will be implemented in the 2014-15 fiscal year.

Action 1.4 – Recruit Family Physicians to Help Fill Vacant Locum Positions

1) Working closely with individual health regions to ensure there are locum opportunities advertised and made available to physicians interested in these types of opportunities;
2) Posting locum opportunities (FTE's) on the Agency's website and on other

physician career websites managed by Agency partners.

Goal #2: Assist With Provincial Health Workforce Planning

Physician recruitment is a vital component of the larger, more comprehensive provincial health workforce plan. The agency works closely with many partners to help predict and forecast how many physicians will be required in the future and what types of physicians will be needed.

The Ministry of Health initiated a project to develop a provincial approach to develop a Physician Resource Plan (PRP) that incorporates many variables to predict physician supply and population need. The plan will take into account medical school enrolment, physician training, recruitment and retention, and the delivery of medical services. The objective is of the PRP will support the appropriate mix, distribution and number of physicians practicing in the province over the next ten years.

The Agency will have input into planning models, data sources, data requirements, and roll out of the plan as it develops. The PRP is expected to be available in 2014-15.

Progress toward this goal can be measure based on the activity in the following actions:

Action 2.1 – Work with Ministry of Health-Workforce Planning on Developing a Comprehensive Forecast of Health Human Resource Requirements to 2016 and beyond.

1) Assisting the Ministry of Health with developing the PRP.

Action 2.2 – Recruit Physicians Based on Regional Forecasts

1) The agency continued to take a proactive approach with recruitment by continuing to attend local, national and international career fairs. A complete breakdown of the contacts made at those career fairs and events throughout the year is provided in Figure 1.

Figure 1

Action 2.3 – Determine Staffing Requirements for Collaborative Emergency Centre (CEC) Models

1) The Agency continued to recruit physicians for the entire province with a focus on practitioners interested in practicing in rural areas in those centres identified by the Government as Collaborative Emergency Centres (CEC).

   The CEC model of care supports physicians as well as registered nurses, nurse practitioners, advanced care paramedics and other key health care providers that support the CEC model. This model improves access to stable, reliable primary health care, reduces emergency room visits, and increases patient and provider satisfaction.

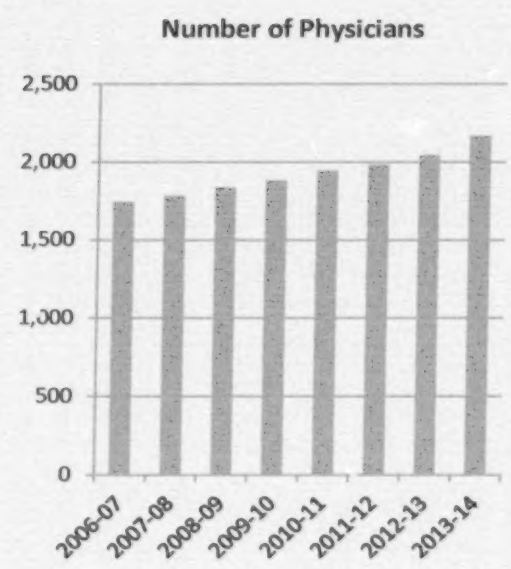
2) In supporting this goal even further, the Agency aligned its efforts with Health Careers in Saskatchewan (HCIS), a service administered by the Ministry of Health responsible for supporting health workforce recruitment for the province. Aligning recruitment services facilitates the sharing of expertise and streamlines recruitment processes.

3) The Agency and its partners, which included health regions, continued to actively recruit health professionals and physicians that specifically support the CEC model of care (i.e. registered nurses, nurse practitioners, paramedics).

Goal #3: Recruit to Meet Saskatchewan's Physician Needs

Prior to the Agency becoming operational three years ago, the demand for physicians in Saskatchewan far outweighed the supply, a condition not uncommon to many other provinces and developed nations throughout the world. The challenge of finding physicians, particularly in rural Saskatchewan, was severe, but since 2010 we have turned the corner. There are now more physicians practicing in Saskatchewan than ever before as illustrated in Figure 2. The Agency worked with its partners to help directly recruit more than 185 physicians to Saskatchewan in the 2013-14 fiscal year.

Figure 2



Source: Saskatchewan Ministry of Health (2014).

Recruiting University of Saskatchewan medical graduates is our number one priority. Therefore, we made contact with every U of S medical graduate to ensure they know about the opportunities available to them here in Saskatchewan. Service delivery disruptions in rural or remote areas are less common and physician turnover is decreasing, which means a more sustainable physician supply.

Although the Agency and its partners have made great strides toward improving physician recruitment and retention, there is still more work to do. Settling physicians and their families into a practice or community is a priority. Part of the settlement process is to find out what physicians are looking for, in terms of an ideal practice and community, by surveying them periodically throughout the year.

The following actions identity how we have made progress over the past year in

achieving the goal of recruiting to meet Saskatchewan's physician needs. We have made progress through:

Action 3.1 – Contacting U of S Medical Graduates Regarding Available Opportunities.

1) One full time recruiter was dedicated to connecting with U of S medical learners through presentations at more than 40 academic half-days, professional development events, sessions and resident retreats throughout the year.
2) Co-hosting a U of S College of Medicine Resident Appreciation evening to recognize medical residents and their families;
3) Co-hosting a career fair, in conjunction with a family medicine resident retreat, that allowed the Agency to not only engage medical residents, but to also give them the opportunity to network with potential employers throughout the province;
4) Collaborating with the U of S College of Medicine to host a career event during the Saskatchewan Emergency Medicine Association (SEMAC) Conference in Saskatoon in November 2013;
5) Committing to facilitate open dialogue sessions with Ministry officials and the Ministers of Health on a consistent basis.

Action 3.2 – Market Practice Opportunities in Rural Saskatchewan

1) The Agency implemented a number of different marketing strategies throughout the 2013-14 fiscal year to promote opportunities in rural areas to U of S medical learners. These activities included print and online advertisements in or on dedicated journals and their affiliated websites; sending all opportunities to U of S medical residents via direct email campaigns; advertising all opportunities on social media channels on a weekly basis and as required.
2) The Agency also worked closely with the health regions, U of S College of Medicine, SMA, health regions and medical practices to once again deliver the rural externship program, more commonly referred to as PREP. The program gives medical students an opportunity to shadow practicing physicians in rural and remote communities. During the summer of 2013 a total of 30 U of S medical students (between their second and third years of study) took advantage of the program in 18 communities; the highest number ever.

   This program is important since evidence shows that exposing medical learners to rural or remote practices early on in their professional careers increases the likelihood that they will return to practice in the same or similar communities after graduating.

   Program feedback has been positive as 100% of past participants were satisfied with the communities they were placed in while their overall satisfaction with the program was 89%.

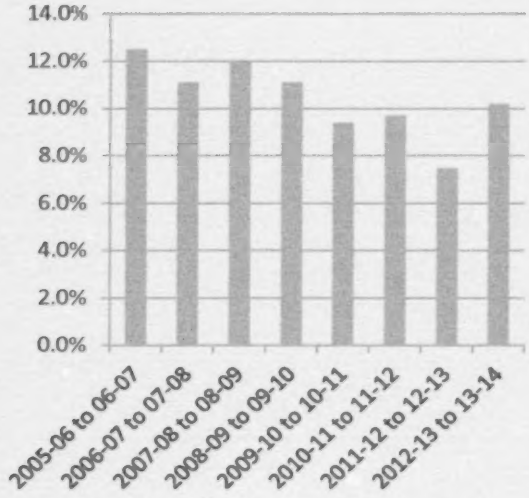
Action 3.3 – Develop an Assessment Tool to Match Physicians to Communities.

1) The Agency worked in collaboration with its partners to research and develop a tool that will help potential candidates match to a preferred community. The tool, or index, takes into account a candidate's personal and professional preferences to ensure a

"good match." This knowledge will assist with recruitment and will increase the likelihood of a candidate staying in a rural practice or community after landing and settlement occurs. Over time the increased number of doctors, particularly in rural areas, will help the Agency improve overall physician turnover as illustrated in Figure 3.

Figure 3

Turnover of Physicians



Source: Saskatchewan Ministry of Health (2013-14), Medical Services Branch Annual Statistical Report, Table 18.

Action 3.4 – Develop a Measurement Tool to Assess Likelihood of U of S Medical Residents Staying in Saskatchewan.

1) The Agency and its partners conducted a survey with family medicine residents to gauge their interest and likelihood of staying to practice medicine in Saskatchewan after graduating. The survey results show:

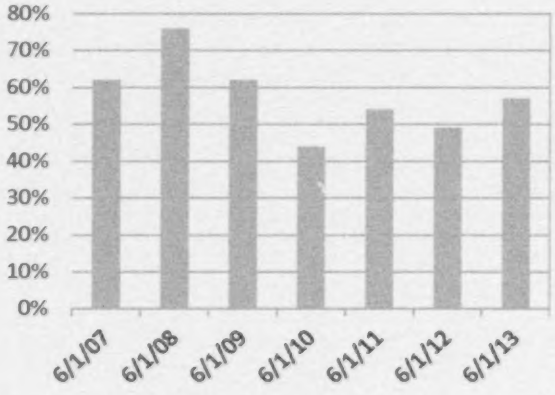
   a. 89% are considering practicing in Saskatchewan;
   b. 80% are considering practicing in rural locations;
   c. 79% would consider locum opportunities; and,
   d. 65% are considering urban practice opportunities.

These encouraging results and the continued work the Agency will help improve U of S medical graduate retention rates in the province. Figure 4 illustrates that even though the retention rate on this action is rising there is still room for improvement.

Figure 4

U of S Medical Graduate Retention Rates

(June 2013 statistics reflect 2012 medical graduate retention rates)



Source: Saskatchewan Ministry of Health (2013-14), Medical Services Branch Annual Statistical Report, Table 33.

Action 3.5 – Supporting the Distributed Education Model of the U of S College of Medicine.

1) The Agency promoted benefits of the U of S – College of Medicine's distributed education model.

   This model of learning allows family medicine residents at the U of S to complete their residency training in several locations throughout the

province. Currently the model allows family medicine residents to complete their postgraduate training in La Ronge, Prince Albert, Swift Current, Saskatoon, Regina and North Battleford.

The model is an important tool for physician recruitment because research shows that a medical resident is highly likely to establish a practice in the same community, or in close proximity to, the location where he or she completed their residency training.

Action 3.5 – Continue to Recruit Abroad.

1) While efforts to recruit and retain Saskatchewan medical graduates continued, so did our efforts to attract and keep international medical graduates (IMGs).

   We continue to realize success through the engagement of Saskatchewan and Canadian medical students studying medicine abroad (CSAs) in the Caribbean and Ireland. Four CSAs we met with in 2011 recently matched to U of S residency programs, in competition with their peers from across Canada, through the Canadian Resident Matching Service (CaRMS). These individuals will start their residencies here in Saskatchewan in 2014 close to friends and family, which will increase the likelihood of them staying in Saskatchewan after graduation.

   Furthermore, 28 out of 33 IMGs who matched to the U of S through CaRMS are from countries the Agency targeted to recruit CSAs (Caribbean, Ireland, Australia, Poland).

   These statistics are encouraging as more medical learners are becoming interested in the opportunities available to them here in this province.

2) Many other IMGS are now practicing in Saskatchewan thanks to the Saskatchewan International Physician Practice Assessment. (SIPPA)

   SIPPA is a program administered by Continuing Professional Learning (CPL) at the U of S College of Medicine. It is supported by the Agency and numerous other partners. The program is unique in Canada as it allows internationally educated physicians to apply for licensure in Saskatchewan and asses knowledge and abilities before allowing a physician to practice medicine.

   The Agency works closely with CPL and the health regions on recruiting suitable candidates, assisting them with pre-screening and immigration requirements and helping candidates settle. A total of 113 more doctors commenced practice in the province since the program began in 2011.

Goal #4: Communicating

During the 2013-14 fiscal year the Agency took a number of steps and implemented a number of different strategies to bolster its awareness and enhance its reputation as a leader, both provincially and nationally, in physician recruitment and retention.

The very first step taken was to develop a strategic and comprehensive communications plan. Action items under the plan were undertaken by the Communications Manager and agency staff throughout the year.

This particular goal has several tangible actions and accompanying measures that will help the Agency assess future communication needs and gauge its awareness. Some of the actions include:

Action 4.1 – Develop a Strategic Communications Plan for 2013-14.

1) Planned and implemented a strategic communications plan to increase Agency awareness and enhance its reputation through more, regionalized media engagement activities.

2) The plan's actions resulted in the Agency issuing 31 news releases throughout the year on physician recruitment and retention, eight stories profiling IMGs and Canadian Medical Graduates (CMGs) and more than 44 flyers or online promotional campaigns highlighting the Agency's attendance of career fairs and events throughout Saskatchewan, Canada and abroad.

Action 4.2 – Promote Agency and its Activities Through CEO Speaking/Media Tours.

1) The Agency's CEO and other staff members either delivered or participated in more than 16 formal presentations and editorial meetings (specifically with weekly newspaper reporters/editors in Saskatchewan) throughout the 2013-14 fiscal year. These engagements not only increased the profile of the Agency, but also made others in many communities and regions throughout the province more aware of its activities.

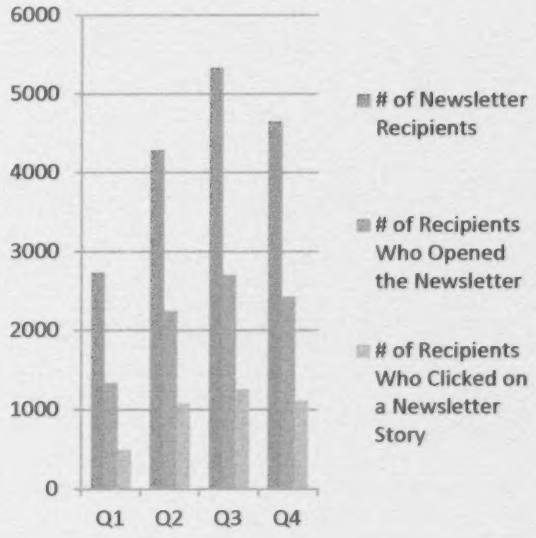
Action 4.3 – Enhance the Agency's Promotional Activity

1) Procured Social Media training for Agency staff members so they can better engage, collectively, key stakeholders in day-to-day operations.

2) The training resulted in more of an online presence for the Agency and it led to increased engagement levels of its followers, as illustrated in Figure 5, which includes analytical data from the Agency's e-newsletter, an effective communication tool that is delivered to thousands of recipients on a quarterly basis.

Figure 5

e-Newsletter Activity by Fiscal Quarter



Management Report

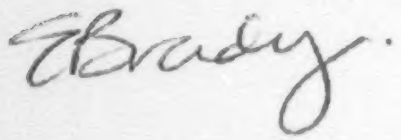
The accompanying financial statements are the responsibility of management and have been approved in principle by the Physician Recruitment Agency of Saskatchewan's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Her examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow her to report on the fairness of the financial statements. The Auditor's Report outlines the scope of her audit and opinion.

On behalf of management,



Erin Brady

Acting Chief Executive Officer

PHYSICIAN RECRUITMENT AGENCY OF SASKATCHEWAN

FINANCIAL STATEMENTS

For the year ended March 31, 2014

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Physician Recruitment Agency of Saskatchewan, which comprise the statement of financial position at March 31, 2014 and the statement of operations and accumulated surplus, changes in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Physician Recruitment Agency of Saskatchewan as at March 31, 2014, and the results of its operations, changes in net financial assets and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Judy Ferguson

Regina, Saskatchewan
June 24, 2014

Judy Ferguson, FCA
Acting Provincial Auditor

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Statement 1

Physician Recruitment Agency of Saskatchewan
Statement of Financial Position
As at March 31

	2014	2013
Financial Assets		
Due from the General Revenue Fund (Note 3)	$ 1,958,640	$ 2,619,570
Accounts Receivable	17,408	347,199
	1,976,048	2,966,769
Liabilities		
Accounts Payable	165,050	158,338
Accrued Liabilities	33,100	34,388
	198,150	192,726
Net Financial Assets (Statement 3)	1,777,898	2,774,043
Non-Financial Assets		
Tangible Capital Assets (Note 4)	186,179	165,727
Prepaid expenses (Note 5)	34,149	48,123
	220,328	213,850
Accumulated Surplus (Statement 2)	$ 1,998,226	$ 2,987,893

(See accompanying notes)

Statement 2

Physician Recruitment Agency of Saskatchewan
Statement of Financial Position
As at March 31

	2014 Budget (Note 8)	2014	2013
Revenue			
Ministry of Health - General Revenue Fund			
Operating Grant	$ 1,500,000	$ 750,000	$ 1,500,000
Program Grants	-	722,230	339,360
Interest Revenue	37,709	18,971	34,814
Miscellaneous Revenue	6,129	1,475	2,636
	1,543,838	1,492,676	1,876,810
Expenses			
Salary, Benefits and Education	1,104,553	1,115,832	923,510
Administration	270,520	217,805	206,639
Board Meetings	13,010	12,085	11,716
Program	684,816	379,376	404,374
Communications	196,000	143,170	128,469
Private Recruiting Agency	55,000	53,900	154,000
Amortization	3,000	25,985	20,181
Rural Physician Incentive Program	-	58,388	-
Medical Resident Interest Program	-	475,802	339,360
	2,326,899	2,482,343	2,188,249
Net Deficit	$ (783,061)	(989,667)	(311,439)
Accumulated Surplus, beginning of year		2,987,893	3,299,332
Accumulated Surplus, end of year (Statement 1)		$ 1,998,226	$ 2,987,893

(See accompanying notes)

Statement 3

Physician Recruitment Agency of Saskatchewan
Statement of Changes in Net Financial Assets
For the year ended March 31

	2014	2013
Net Deficit	$ (989,667)	$ (311,439)
Acquisition of Tangible Capital Assets	(46,437)	(86,610)
Amortization of Tangible Capital Assets	25,985	20,181
Change in prepaid expenses	13,974	(25,789)
Decrease in Net Financial Assets	(996,145)	(403,657)
Net Financial Assets, beginning of year	2,774,043	3,177,700
Net Financial Assets, end of year (Statement 1)	$ 1,777,898	$ 2,774,043

(See accompanying notes)

Statement 4

Physician Recruitment Agency of Saskatchewan
Statement of Cash Flows
For the year ended March 31

	2014	2013
Cash Flows from Operating Activities:		
Net Deficit	$ (989,667)	$ (311,439)
Add: Non-Cash Items		
Amortization	25,985	20,181
Decrease (Increase) in Accounts Receivable	329,791	(334,388)
Decrease (Increase) in Prepaids	13,974	(25,789)
Increase in Accounts Payable and Accrued Liabilities	5,424	39,366
Net cash used by operating activities	(614,493)	(612,069)
Cash Flows from Capital Activities:		
Purchase of Capital Assets	(46,437)	(86,610)
Decrease in Due from General Revenue Fund	(660,930)	(698,679)
Due from the General Revenue Fund, beginning of year	2,619,570	3,318,249
Due from the General Revenue Fund, end of year	$ 1,958,640	$ 2,619,570

(See accompanying notes)

Physician Recruitment Agency of Saskatchewan
Notes to the Financial Statements
For the year ended March 31, 2014

1. Description of Business

The Physician Recruitment Agency of Saskatchewan (the Agency) was established as a Treasury Board Crown Corporation by Order in Council 84/2010 under the provisions of *the Crown Corporation Act, 1993* (Act).

2. Significant Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board, the Agency is classified as another government organization. The Agency uses Canadian generally accepted accounting principles applicable to governments. The following principles are considered to be significant:

a. The Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

b. Grant Revenue

Grant Revenue is recognized in the financial statements in the period in which the grants are authorized, eligibility criteria are met, and reasonable estimates of the amount can be made.

Program Grants relate to funding received to support three programs:

- The Rural Physician Incentive Program provides grants of $120,000 over five years to recent medical graduates practicing in rural and remote communities
- The Medical Resident Interest Reimbursement Program provides grants to University of Saskatchewan medical residents to offset the interest costs on government student loans during residency
- Program grant for managing the HealthCareersInSaskatchewan portfolio for the recruitment of the non-physician health workforce

c. Expenses

Expenses represent the cost of resources consumed during the year for operations. Expenses include provision for the amortization of tangible capital assets.

d. Tangible Capital Assets

Tangible Capital Assets are recorded at cost and are amortized over their useful life. Beginning in the year the asset is placed into service, amortization is recorded on a straight line basis using the rates set out below.

Capital Asset Class and Category	Threshold	Estimated useful Life
Leasehold and occupancy improvements	$5,000	lesser of useful life or lease term/occupancy arrangement
System development (IT)	$5,000	10%
Computer hardware	$1,000	20%
Computer software	$1,000	20%
Office furniture and equipment	$1,000	10%

e. Non-financial Assets

Tangible capital and other non-financial assets are accounted for as assets if they can be used

to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

f. Measurement Uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in the Statement of Operations in the period in which they become known.

3. Due from the General Revenue Fund

The Agency's bank account is included in the Consolidated Offset Bank Concentration arrangement for the Government of Saskatchewan. Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Agency's bank account using the Government's thirty-day borrowing rate and the Agency's average daily account balance. In 2013-14 the average interest rate was 1.02% (2012-13 was 1.09%).

4. Tangible Capital Assets

	Computer software	Furniture and equipment	System development	2014 Totals	2013 Totals
Opening cost	$1,465	$10,740	$182,137	$194,342	$107,732
Additions during the year	-	-	46,437	46,437	86,610
Disposals during the year	-	-	-	-	-
Closing cost	1,465	10,740	228,574	240,779	194,342
Opening accumulated amortization	879	2,115	25,621	28,615	8,434
Amortization during the year	293	1,074	24,618	25,985	20,181
Disposals during the year	-	-	-	-	-
Closing accumulated amortization	1,172	3,189	50,239	54,600	28,615
Net book value of tangible capital assets	$293	$7,551	$178,335	$186,179	$165,727

5. Prepaid Expenses

Prepaid expenses are primarily related to future participation at conferences and career fairs in 2014-15.

6. Related Parties

These financial statements include routine transactions with related parties. The Agency is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions above $5,000 for the year ended March 31, 2014, include the following:

	2014	2013
Revenue		
Ministry of Health – Grant, Interest and Reimbursement	1,491,202	1,874,174
Expenses		
Ministry of Finance – Pension and Benefits	178,492	135,058
Ministry of Central Services	63,606	11,055
Information Technology Division	-	47,818
SaskTel	18,696	15,147
University of Saskatchewan	9,310	3,964
Payables		
Ministry of Finance – Pension and Benefits	51,352	-
University of Saskatchewan	-	7,500
Receivables		
Ministry of Health – General Revenue Fund	17,408	347,199

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, the Agency pays Provincial Sales Tax to the Ministry of Finance on all its taxable purchases.

The Ministry of Health provides management and technical services to the Agency without charge.

7. Financial Instruments

The Agency's financial instruments include: due from the general revenue fund, accounts receivable, accounts payable, and accrued liabilities. The following paragraphs disclose the significant aspects of these financial instruments.

a) Significant terms and conditions
There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

b) Interest rate risk
The Agency is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. The Agency does not have any long-term investments that may be affected by market pressures.

The Agency's receivables and payables are non-interest bearing.

c) Credit risk
The Agency is exposed to credit risk from potential non-payment of accounts receivable. The Agency's receivables are most often from the provincial government; therefore, the credit risk is minimal.

d) Fair Value
For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:
Due from General Revenue Fund
Accounts receivable
Accounts payable
Accrued liabilities

8. Budget Approval

The Agency's budget was approved by its Board of Directors on October 23, 2013.

9. Pension Plan

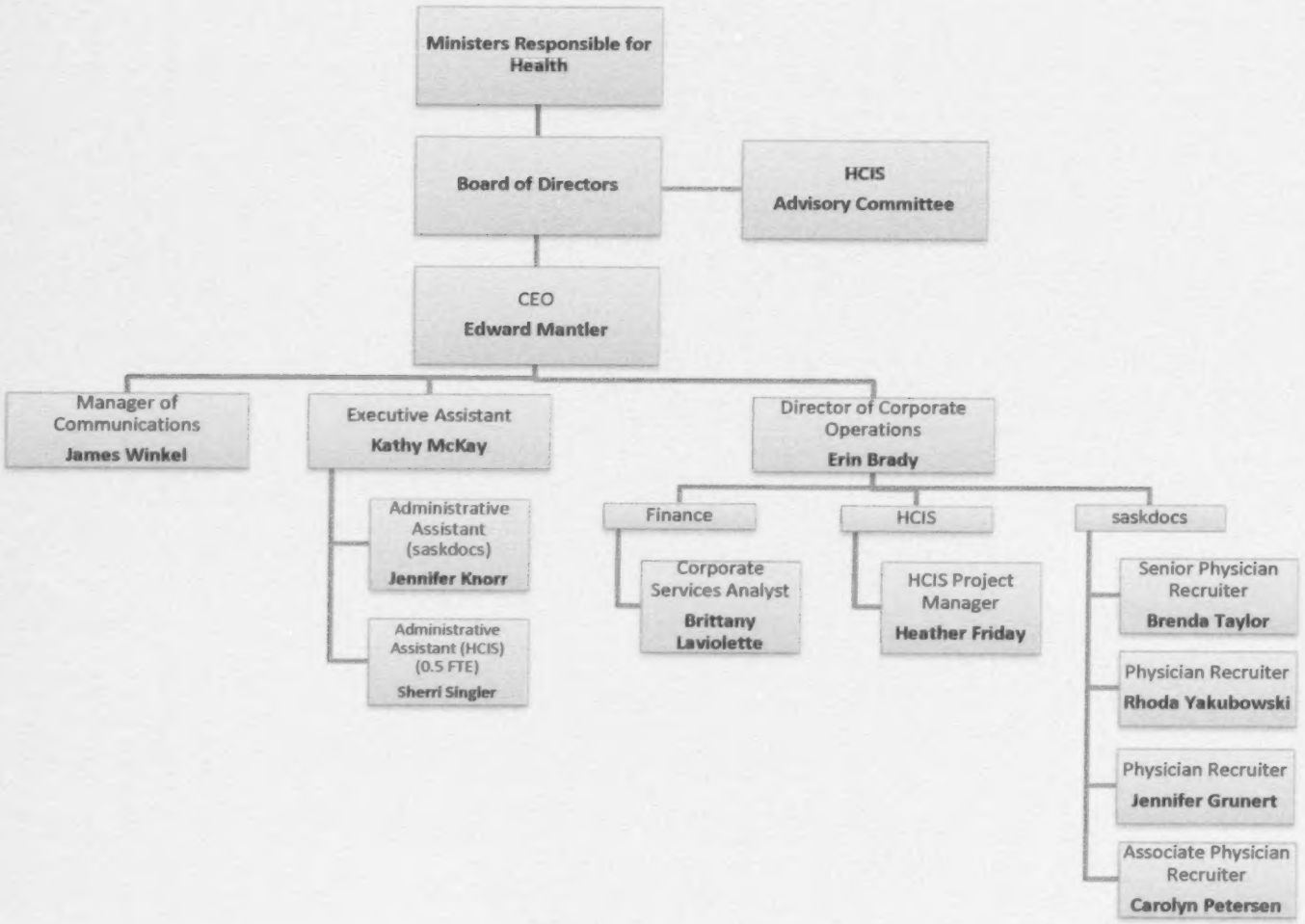
The Agency's employees participate in the Public Employees Pension Plan, a defined contribution pension plan. Members contributed 5% of salary and the employer contributed 7.25% in 2013-14 (7.25% in 2012-13). The Agency's contribution for this fiscal year was $66,137 ($52,561 in 2012-13). The Agency's obligation relative to the pension plan is limited to making the required contributions.

10. Contractual Obligations

The Agency has a lease agreement with CSIT Consulting for office space, utilities, office furniture and parking at a monthly rate of $9,000 until October 31, 2014.

The Agency has agreed with Saskatchewan Institute of Applied Science and Technology to sponsor business and industry dinners, career fairs, advertisements and awards promoting health careers in Saskatchewan for $26,000 in each of 2014-15, 2015-16 and 2016-17.

Appendix A


Ministers Responsible for Health
Board of Directors
HCIS Advisory Committee
CEO
Edward Mantler
Manager of Communications
James Winkel
Executive Assistant
Kathy McKay
Director of Corporate Operations
Erin Brady
Administrative Assistant (saskdocs)
Jennifer Knorr
Administrative Assistant (HCIS) (0.5 FTE)
Sherri Singler
Finance
HCIS
saskdocs
Corporate Services Analyst
Brittany Laviolette
HCIS Project Manager
Heather Friday
Senior Physician Recruiter
Brenda Taylor
Physician Recruiter
Rhoda Yakubowski
Physician Recruiter
Jennifer Grunert
Associate Physician Recruiter
Carolyn Petersen

For More Information

Electronic copies of this annual report are available for download from the Agency's website (www.saskdocs.ca) or by contacting the Physician Recruitment Agency of Saskatchewan (saskdocs) directly at the address below.

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